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Tel. 518-453-0029 Fax 518-453-0028

Web: www.NYTAGandTitle.com

Power of Attorney

Date				
I/We			·	
Print Name _				
Signature				
Company Na	me (if applicable) _			
Address, City	, Zip Code			
attorney is lir Registrations of said vehicl state where t	mited to all matters, , License, and/or Ro e or vehicles, and t the vehicle was rep	pertaining to application enewals. Regarding all lie hey met all legal requiren	d attorney in fact for the above named party. This power of his for Title Only, Duplicate Titles, Registrations, Duplicate ens and repossessions "the lien holder certifies the repossession ments and have complied with any and all applicable laws of the ehicles.	
Year	Make	VIN#		_
Authorized Si	gnature			
Print Name _				
		Must be nota	arized to be validated	
THE STATE OF				
COUNTY				
Subscribed and	d sworn to before me	this Day of	20	
NOTARY PUBL	IC			
My Commissio	n Expires:			

Month

Day